

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form  
(CRF)?:: No

Number of copies of CRF::

Title:: TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY  
DISORDER

Attorney Docket Number:: 01464.US1

Request for Early  
Publication?:: No

Request for  
Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Application Data Sheet

Application Information

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Bruce
Middle Name::	Nelson
Family Name::	Rogers
Name Suffix::	
City of Residence::	Mystic
State or Province of Residence::	Connecticut
Country of Residence::	USA
Street of mailing address::	114 Ledge land Drive
City of mailing address::	Mystic
State or Province of mailing address::	Connecticut
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49024
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	David
Middle Name::	W.
Family Name::	Piotrowski
Name Suffix::	
City of Residence::	Groton Long Pointe
State or Province of Residence::	Connecticut
Country of Residence::	USA
Street of mailing address::	21 Tautog Street
City of mailing address::	Groton Long Pointe
State or Province of mailing address::	Connecticut
Country of mailing address::	USA
Postal or Zip Code of mailing address::	06340

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Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: USA  
 Status:: Full Capacity  
 Given Name:: Vincent  
 Middle Name:: Edward  
 Family Name:: Groppi  
 Name Suffix:: Jr.  
 City of Residence:: Kalamazoo  
 State or Province of Residence:: Michigan  
 Country of Residence:: USA  
 Street of mailing address:: 318 Sprague Avenue  
 City of mailing address:: Kalamazoo  
 State or Province of mailing address:: Michigan  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 49006  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: USA  
 Status:: Full Capacity  
 Given Name:: Eric  
 Middle Name:: Jon  
 Family Name:: Jacobsen  
 Name Suffix::  
 City of Residence:: Chesterfield  
 State or Province of Residence:: Missouri  
 Country of Residence:: USA  
 Street of mailing address:: 1503 Lace Bark Court  
 City of mailing address:: Chesterfield  
 State or Province of mailing address:: Missouri  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 63017

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Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Jason
Middle Name::	K.
Family Name::	Myers
Name Suffix::	
City of Residence::	Kalamazoo
State or Province of Residence::	Michigan
Country of Residence::	USA
Street of mailing address::	1028 Homecrest Avenue
City of mailing address::	Kalamazoo
State or Province of mailing address::	Michigan
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49001
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Daniel
Middle Name::	Patrick
Family Name::	Walker
Name Suffix::	
City of Residence::	Noank
State or Province of Residence::	Connecticut
Country of Residence::	USA
Street of mailing address::	37 Nobel Avenue
City of mailing address::	Noank
State or Province of mailing address::	Connecticut
Country of mailing address::	USA
Postal or Zip Code of mailing address::	06340

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Donn  
Middle Name:: G.  
Family Name:: Wishka  
Name Suffix::  
City of Residence:: Groton Long Point  
State or Province of Residence:: Connecticut  
Country of Residence:: USA  
Street of mailing address:: 18 Atlantic Avenue  
City of mailing address:: Groton Long Point  
State or Province of mailing address:: Connecticut  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 06340  
Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

## Correspondence Information

Correspondence Customer Number:: 25533  
Name:: Pharmacia & Upjohn Company  
Street of mailing address:: Global Intellectual Property  
301 Henrietta Street  
City of mailing address:: Kalamazoo  
State or Province of mailing address:: MI  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 49007  
Phone number:: (269) 833-9500  
Fax Number:: (269) 833 2316  
E-Mail address::

